

Report
and
Recommendations

Measles Workshop

*Organised by the Department of Health and Family Welfare Services,
Government of Karnataka and Rural Development Section, UNICEF,
New Delhi at District of Bidar
14th to 16th December, 1983.*





Radha, a four year old child living in District Bidar, Karnataka contacted measles. Her mother responded in the way thousands of women usually do; she headed for the village temple to implore God to cure her child.

Only awareness of the way to control measles, can make superstition lose its battle in Bidar.



Community Health Cell

Library and Documentation Unit

367, "Srinivasa Nilaya"

Jakkasandra 1st Main,

1st Block, Koramangala,

BANGALORE-560 034.

Phone : 5531518

P.G.R. SINDHIA B.E.,
Minister of State for Health
and Family Welfare



Vidhana Soudha Bangalore-1

PREFACE

It is generally assumed that almost every child gets measles. According to some estimates, some 14.5 million children suffer from measles in India annually, and one of them dies every two minutes. Reliable statistics on measles are non-existent because culturally parents tend to avoid mentioning anything about their children suffering from measles. For much the same reasons, most of the children suffering from measles are not sent to health units.

Measles is known by many names in different parts of India and even within the same State. Many communities consider measles as part of life rather than a disease and hence do not report it to the doctor, even though severe complications occur. Mothers even fear mentioning the word 'measles' to anybody during the child's illness for fear that the goddess will be offended, leading to a worsening of the child's condition.

The Government of Karnataka, through the Directorate of Health and Family Welfare organised a three day Measles Workshop in Bidar District to raise awareness of the disease on the part of health personnel and find ways of fighting against this disease, not only in Bidar District but in the whole state. Karnataka is probably the first state in India to hold such a consultation. As a result of the workshop, it was resolved to include measles immunization in the expanded programme of immunization in Bidar District and do the same for other districts in the State. At this workshop, ignorance, lack of awareness and cultural beliefs were identified as the main problems to be overcome by extensive health education campaigns.

I do hope that the workshop proceedings and recommendations published in this booklet will be a guide and inspiration for action, not only to the participants but to all other working for the cause, of child survival, care and development.

(P.G.R. SINDHIA)

Objectives of the Workshop

The objectives of the workshop were:

- to formulate a strategy and plan of action to include measles immunization in the expanded programme on immunization (EPI), as an additional input under the BIRD (Bidar Integrated Rural Development Project) and,
- to launch measles immunization programme for the entire district of Bidar, with a view to extending a similar programme to other districts in the State of Karnataka.

Participants

The participants of the meeting included the Director of Health & Family Welfare Services, Joint Director Malaria & Filaria, Deputy Director Nutrition, the Deputy Commissioner Bidar, District Health Officer, Bidar District, Health & Family Welfare Officers of Gulbarga and Belgaum Divisions, Professors of Paediatrics and Social & Preventive Medicine from medical colleges, Primary Health Centre doctors, Primary Health Unit doctors of Bidar District and representatives of UNICEF. The list of participants is at Appendix I.

Programme

The workshop programme included basically

- Measles as a public health problem; priority for measles immunization; health education on measles and measles immunization.
- Management information and evaluation system and monitoring of the measles immunization programme.
- Manpower management
- Cold Chain logistics

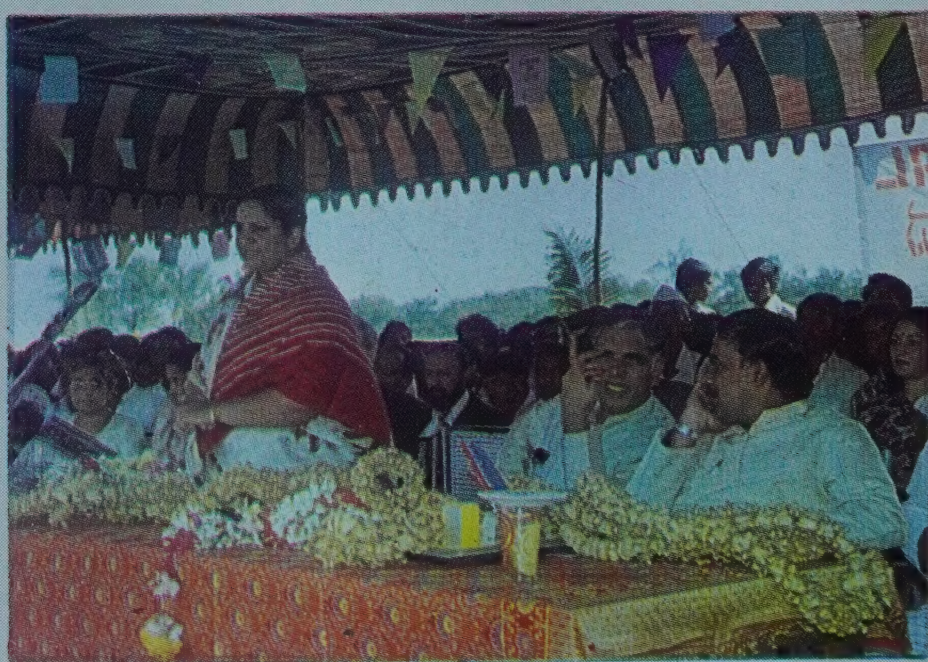
Details of the programme are at Appendix II.

The Inauguration



Three Ministers from the state government of Karnataka attended the inauguration:

Shri P.G.R. Sindhia, Minister of Health and Family Welfare; Smt. Chandraprabha Urs, Minister of Social Welfare; and Shri Abdul Nazeer Sab, Minister of Agriculture & Panchayat Raj.



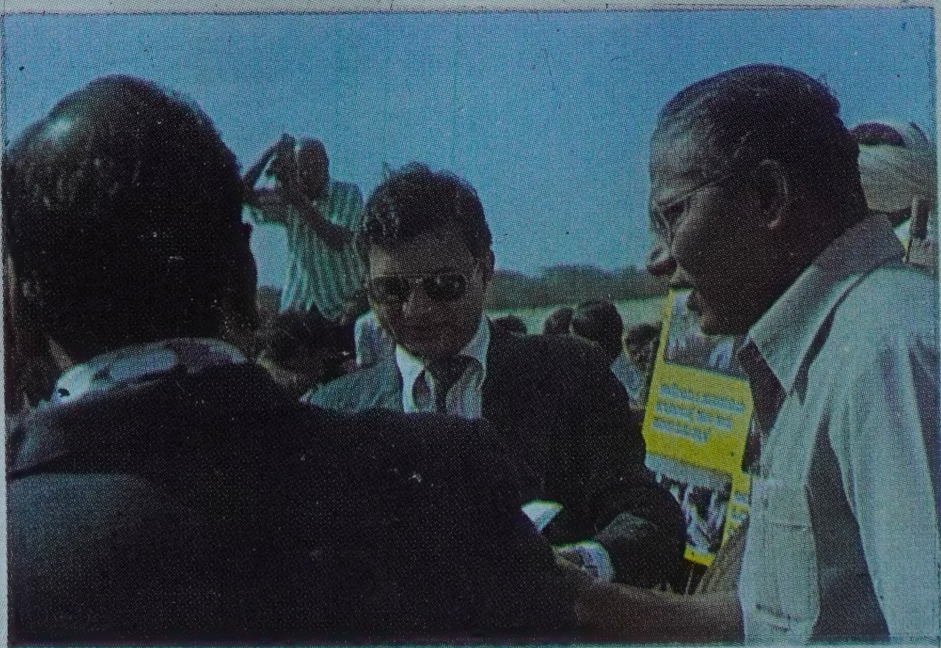


Review of beneficiaries

In the morning, 1000 mothers and their children, looking happy and hopeful, came from several villages in Bidar district in a procession into the Nehru Stadium in the town of Bidar. The mothers and their children made a procession in colourfully decorated bullock-carts and tractors, displaying their immunization cards. Many other people from all walks of life, dressed in their best turned up to watch. These 1000 mothers have had their children immunized.



After the procession there was a public meeting in which mothers, children and other beneficiaries of the BIRD project were addressed. The welcome address was given by Sri K L Negi, Deputy Commissioner Bidar. Sri P G R Sindhia, the Hon'ble Minister for Health & Family Welfare, Govt of Karnataka gave away the certificate of training to Medical Officers for having undergone EPI logistics workshop at Bidar. He also gave mementos to the best teams who carried out EPI work in the District, Smt., Chandraprabha Urs, the Hon'ble Minister for Social Welfare & Sericulture, Karnataka distributed loans to women for income generation activities. Sri Abdul Nazeer Sab, the Hon'ble Minister for Rural Development and Panchayat Raj, Karnataka gave the presidential address. Some UNICEF inputs to the BIRD project were handed over at the end of which a UNICEF representative gave the vote of thanks.



The Measles Workshop was inaugurated on 14.12.83 by Sri P G R Sindhia, the Hon'ble Minister of State for Health & Family Welfare, Karnataka. Present on the occasion were the Hon'ble Sri Abdul Nazeer Sab; the Hon'ble Smt. Chandrabhabha Urs; Mr A C Tosh, Principal Officer UNICEF (from Delhi); Dr V Narayana Swamy, Director of Health & Family Welfare Services, Karnataka; representatives of the UNICEF and the Department of Health & Family Welfare Services Karnataka.

After the inauguration, participants were divided into 4 groups. Each group was given a specific aspect of the measles vaccination programme. The topics assigned are noted below. For bringing out comprehensive recommendations, each group was supported by various personnel such as Divisional Joint Director, District Health Officer, Professor of Community Medicine, Professor of Paediatrics, Assistant District Health Officer, Medical Officers from Primary Health Centres and a UNICEF representative.

The four groups dealt with the following topics (see Appendix III) :

Measles as a public health problem; priority for measles immunization; health education on measles and measles immunization.

Management information and evaluation system and monitoring of the measles immunization programme.

Manpower management.

Cold Chain logistics.

Plenary Session



Measles as a public health problem

Measles is known by many names in different parts of the country and even within the same state. Many communities consider measles as part of life rather than a disease and hence do not report it to the doctor, even though severe complications often occur. Mothers even fear mentioning the disease name to anybody during the child's illness for fear that the goddess will be offended, leading to worsening of the child's condition. It was suggested that health workers must get acquainted with the local names so as to get the true picture of measles at community level.

The official data collection system for measles morbidity and mortality has been through Health Institutions, Health Workers like male and female multipurpose workers, and through Community Health Volunteers and Anganwadi workers. The reporting by medical practitioners is almost negligible. For reasons of religious and cultural patterns prevailing in different areas most cases of measles and deaths due to measles i.e. morbidity and mortality have been grossly under-reported. This point was stressed by some recent statistics which

were compiled by Dr A C Patowary, Professor of Preventive & Social Medicine, Gauhati Medical College.

Most children attacked by measles also suffer from chronic malnutrition with associated lowered resistance. As a result most of them acquire disabilities such as deafness, blindness and brain damage.

Priority for measles immunization

Dr Jacob John, Professor & Head of the Dept of Virology, Christian Medical College Hospital, Vellore, emphasized that the experience gained in India indicates that measles vaccine is one of the safest available and can be obtained at a reasonable price.

When obtained in bulk, he added, it becomes the second cheapest vaccine available in India. The principle of vaccination, he said, should be to control the disease, not just to deliver the vaccine.

Lack of adequate data on the incidence of measles should not be allowed to come in the way of starting measles immunization. This can only contribute to more child deaths which occur due to complications following measles.

Based on the experience of 9,000 odd vaccinations Dr (Mrs.) A B Desai, Professor and Head of Paediatrics, B J Medical College, Ahmedabad, Gujarat asserted that measles vaccine does not produce any significant complication. She had also administered similar vaccine to 200 odd sick children who were under hospitalization. Even in this group there were no untoward complications to deter immunization.

Subsequently, Dr A Venkatesh, Professor of Paediatrics and Dr Narasimhan, Professor of Community Medicine at Kasturibai Medical College,

Manipal (Karnataka) gave their findings on the measles immunization under progress in their areas. They also emphasized that they did not encounter any problems in the implementation of the programme which should be extended to other areas on priority basis, based on the morbidity and mortality statistics. This would help to reduce the Infant Mortality Rate which was high in the country.

Recommendations

Health Education should focus on measles as a public health problem and on priority for measles immunization.

Means for health education

It was recommended that:

- (a) Health Education is the most important component in any health programme, including EPI and every Health Worker, big or small, should work as a Health Educator in his day to day activities.
- (b) The group also recommended that an inventory of audio-visual aids available at each level (viz., District, PHC* and Sub-centre levels) should be prepared. Additional needs, if any, are to be listed. Efforts should be made to obtain the full requirement of audio-visual aids. They should be utilized in the day to day working.
- (c) The district level staff who are concerned with health education work should be fully trained in the handling of equipment and they should give similar training to PHC staff. Available equipment should then be utilized during their field visits.
- (d) Each PHC may be provided with two portable "Walkie Talkie" (battery operated) sets as it helps in health education and organization of mass immunization campaigns.

- (e) For purposes of projection, a set of colour slides on measles and other communicable diseases may be supplied to all the PHCs. These are available with "Voluntary Health Association of India", Safdarjang, New Delhi at low cost.
- (f) Apart from this, each PHC may also be supplied with one public address system, for health education and for conducting meetings at various levels.
- (g) A tape-recorder may be supplied to each PHC to play messages from the Hon'ble Health Minister and the Director of Health & Family Welfare Services as well as advocacy by Community Leaders and opinion leaders.

Materials for health education

The following health education materials and media were recommended for each PHC :

- (a) Leaflets, posters and slogans in all the local languages, viz., Kannada, Telugu, Urdu and Hindi.
- (b) Cinema slides for all the movie theatres in urban and rural areas.
- (c) Press publicity to be fully taken advantage of, to educate readers on the disease as well as on prevention.
- (d) Village "tom-tom" whenever necessary.
- (e) Radio and television media to be utilized regularly.
- (f) Publicity stickers.
- (g) Folk media, e.g., dance, drama, yakshagana, etc. on the benefits of the immunization.

Organization for health education

- (a) The District Mass Media Committee which is in existence, should be made fully functional. They should draw up an intensive health education schedule of mass media activities and it should be carried out without any deviation.
- (b) All possible government publications like "MARCH OF KARNATAKA" and "KUTUMBA" of the Health Department to be utilized.
- (c) Mahila Mandals, Youth Clubs, Service Clubs like JAYCEES, ROTARY, LIONS, etc. may be involved.
- (d) Orientation training for teachers and Anganwadi Workers, Assistant Extension Officer and Child Development Project Officer offices respectively could be an essential activity.
- (e) Opinion leaders' camp at PHC level may be utilized for publicity and orientation by District level staff.
- (f) Health Education for village leaders at sub-centres and the village level to be carried out by PHC staff.
- (g) Deputy Commissioner of Bidar district may utilize the monthly meetings to invoke the active cooperation of all other departments concerned with development.
- (h) Orientation training by District Health Officer or the district level Programme Officer for the Taluk level staff of all the developmental departments whose cooperation is necessary.
- (i) Nehru Social Service Volunteers may be utilized in Health Education activities and in organising vaccination sessions on out-of reach basis.

Content for health education to emphasize on the following :

- (a) Measles is the most common disease among children. The disease as such is not dangerous but the complications which commonly follow are very serious and could prove fatal.
- (b) The disease and its complications are preventable by only one injection of the vaccine for "Life Long" protection in children.
- (c) If not prevented, one child dies of measles every two minutes in India.
- (d) A dreaded disease like small pox has been eradicated successfully by vaccination only, why not measles? Every mother has to be alerted to protect her children from measles.
- (e) This valuable vaccine is given free by government in Bidar District for the benefit of all.

Actions to be taken on health education

- (a) At government level, a feature film depicting the characteristic features of measles, its complications and prevention by vaccination may be produced, preferably in local languages and picturing local people.
- (b) As far as possible, legislators, local leaders and influential persons whose opinions are valued by the public may be involved in the campaign as necessary.
- (c) Whenever the field staff come across highly resistant pockets against vaccination, special efforts have to be taken by district authorities to ensure success of the programme.

- (d) Adequate contingent provision may be made for proper maintenance of the various equipment and for prompt replacement and repair.
- (e) Suitable exhibitions showing the benefits of immunization of EPI may be put-up wherever a large number of people congregate as in Jatras, Melas etc.
- (f) Periodical review and assessment of the impact of health education has to be carried out by an independent assessment team.
- (g) Health education should always precede the vaccination activities by a day or two.

Management Information, Monitoring and Evaluation System for Measles Immunization

For implementation of measles immunization, Health Workers, male and female, should be made fully responsible and they should take up updating of the villagewise beneficiaries list available with them. Here, children should be classified as those who have had measles attack and those who need measles vaccination, in the age group of 9 months to 2 years. Identity card on measles with a few specific questions for eliciting correct information, should be made available to the workers.

After immunization of the children with measles vaccination, the date of vaccination should be entered in the appropriate column of the beneficiary list and the child should be examined subsequently every month for three visits and the first visit should be invariably in the next 15 days.

The worker as and when he/she comes across any untoward consequence of measles immunization, should bring it to the notice of the concerned Medical Officer and the Medical Officer in question should pay a home visit, and also follow-up, in order to maintain the confidence of the parents.

The worker should submit monthly performance reports based on the work done and entries made in the villagewise beneficiaries list. This report should contain following details :

Name of the worker, headquarter of the worker, name of the village, population of the village, total number of beneficiaries available in the village, total number of vaccinations carried out, number of measles cases encountered among the vaccinated and unvaccinated children and deaths due to measles, if any.

The Medical Officer should review such report in detail and take up follow-up action to remedy the deficiencies. The Medical Officers should also take up investigation of Measles cases individually and take up preventive measures.

The Medical Officers of PHCs should submit the worker-wise consolidated report of the PHC to the District. Here, he should indicate quantity of vaccine received, utilized, wasted and balance on hand. Secondly, the working of the cold-chain equipment by way of temperature charts maintained and highest temperature recorded during the month, interruption of the power supply, person-days put in, etc.

The District Health & Family Welfare Officers should similarly consolidate the PHC-wise report and take up tasks like evaluation of the programme, wastage of vaccine, cold-chain working in the district and performance of PHCs (villagewise, sub-centrewise).

There should be a statistical cell to continuously monitor the immunization programme and to provide feedback to the PHCs and sub-centres.

At the end of the year, the District Health & Family Welfare Officer should initiate action to take up immunization coverage survey, based on 30

sampling cluster techniques and evaluate the programme year after year. This will provide information regarding the percolation of services to the beneficiary desired, and same could be compared with the performance reports of the areas concerned.

Manpower Management

The manpower management was discussed in detail, taking into consideration the available staff in position, areas to be covered for the immunization programme, the additional inputs to be provided, etc. The recommendations were as follows:

- (a) The PHCs have adequate sanctioned staff but some of the posts which are vacant need to be filled up urgently.
- (b) The Medical Officers of PHUs should be made responsible for the supervision of the EPI Programme including measles in the area allotted to them.
- (c) The staff working at the district, sub-divisional, PHC and sub-centre levels, should be trained in respect of implementation of measles immunization and monitoring of the programme. For this purpose, a one-day workshop would be held at district level for Assistant District Health Officer, Medical Officers of PHCs and PHUs* and District level paramedical supervisory staff. Followed by this there would be a one-day workshop at PHC level for Multi-purpose Workers and Health Assistants (male and female).
- (d) The Auxilliary Nurse Midwives in particular and health workers in general should be provided residential accommodation in a phased manner on priority basis.
- (e) All the Medical Officers of the PHUs are to be provided with Motor Cycles with provision of adequate budget for Petrol, oil and lubricants (Rs. 1500/- per annum per vehicle).

*PHUs: Primary Health Units

- (f) In the urban areas which come under the jurisdiction of the PHCs, the work of measles immunization should be implemented by involving the staff of the Municipality concerned and also the PHCs concerned.

Cold Chain Logistics

Details were discussed on the available infrastructure facilities in respect of cold chain system and cold chain logistics at various levels in the districts, PHCs and sub-centres and the recommendations are as follows:

- (a) One of the responsible officers from the district should be deputed to Hyderabad Airport to collect the vaccine consignment each time.
Before taking delivery, he must check the temperature inside the thermocool, and also the condition of ice. Any discrepancy noted should be reported immediately to the supplier and administrator of the programme..
- (b) Regional vaccine depot should be provided with delivery van to make available vaccines at periodic intervals, so that there is no interruption of the immunization programme in the District.
- (c) The temperature in the deep freeze should be monitored atleast twice a day at 9 am and 4 pm on all days including holidays.
- (d) There should be one standby generator at the district level to tide over the frequent power failures.
- (e) Voltage stabilizers of good quality should be supplied to each of the working refrigerator and deep freezer in the district.
- (f) It is suggested that one separate deep freezer may be kept for preservation of measles vaccine.

- (g) There should be one trained mechanic to take up repair and maintenance of cold chain equipment at the district level and he should be made to take up repair on receipt of information from Primary Health Centres. Similarly, Health Equipment Repair Maintenance Unit at divisional level to take up repair of cold chain equipment is recommended.
- (h) The storekeepers at PHC level and also the District Storekeepers need to be trained in cold chain logistics so that they can take care of the equipment and handle the various EPI vaccines as per requirements.
- (i) There should be a working refrigerator in every PHC at all times and a good cold box with a cold life of 4-6 days at each sub-centre so that vaccines can be kept and used at the sub-centre level. Each vaccine carrier and refrigerator should have a dial thermometer.

General Recommendations

The group in general, felt that the powers of the Health & Family Welfare Officers should be decentralised and enhanced to enable the District Health & Family Welfare Officer to take up repair of refrigerators/deep freezers without loss of time as the Health Equipment Repair Maintenance Units have not been commissioned for each division.

There should be a refrigerated van supplied to each of the regional depots so that vaccine can be supplied to districts in potent condition.

All the working refrigerators in the district, PHCs, PHUs, etc. should be provided with a good voltage stabilizer to take care of voltage fluctuations.

Guidelines should be laid down regarding use of vaccine carriers and a copy of such guidelines should be affixed to each carrier.

An educational film may be produced on EPI management, cold chain system and vaccination sessions to educate the community in local language.

The group also discussed the additional facilities by way of POL* charges, TA & DA** to staff and contingencies to each of the PHCs and recommended for provision of liberal sanctions.

Concluding Plea

The question of implementation of measles immunization programme in selected PHCs to start with, was discussed and it was agreed that the same would be taken up in Matala or Janwada PHCs in Bidar district, each with a population of 80,000. The District Health & Family Welfare Officer, Bidar agreed to implement the Measles Immunization Programme during the month of February 1984, provided the vaccine supply was assured by the middle of January 1984. The UNICEF authorities were therefore requested to pursue action with the EPI section of Government of India and if the supply was not forthcoming, UNICEF could consider the possibility of procurement of vaccine at their end and to make available the same to the District Health & Family Welfare Officer, Bidar, by the middle of January 1984.

It was also decided that the Measles Immunization programme should be extended to all the districts of the State, in course of time, in a phased manner.

Requirement of additional inputs for Mass Measles Immunization was discussed and the following requirements were recommended for Bidar District:

- (a) 75 vaccine carriers with good locking device and good cold life.
- (b) Adequate number of 2 cc syringes and BCG type of needles.
- (c) One autoclave for each PHC and PHU if not already available.
- (d) Diesel Generator-One for District Stores.
- (e) 100 dial thermometers for replacement.

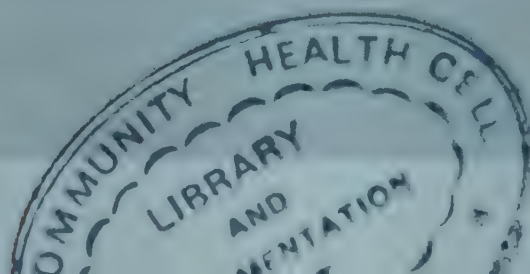
The do's and don'ts as regards the maintenance of refrigerators and deep freezers should be made available to all the storekeepers and all the working refrigerators and deep freezers are to be located in a separate room with good ventilation under lock and key, in charge of a trained storekeeper. He should maintain the temperature charts as prescribed for each of the equipment.

APPENDIX-I

List of Participants for Measles Immunization Workshop

Dr V Narayanswamy	— Director of Health & FWS, Bangalore
Dr T M Ramesh	— Joint Director (M&F), Bangalore
Smt Jalaja Sundram	— I/c Deputy Director (EPI), Bangalore
Dr T Ranganathchar	— Joint Director Public Health Lab., Bangalore
Dr C Prasanna Kumar	— Joint Director Vaccine Institute, Belgaum
Dr B S Deshpande	— Divisional Joint Director, Gulbarga
Dr Gundappa	— District Health & FW Officer, Bidar
Dr K B Makepure	— District Health & FW Officer, Bellary
Dr Alladi Venkatesh	— Prof. K M C Manipal
Dr V L Narshimhamurthy	— Prof. S O M Manipal
Mr N K Malhotra	— New Product Manager, Eskex Lab., Bangalore
Mr N R Bharucha	— Eskay Lab, Haffkin Institute
Dr (Mrs) A B Desai	— Director, Institute of BJ Medical College, Ahmedabad

05470



Mr A C Tosh	— Principal Officer, UNICEF, New Delhi
Dr Orlando Lugo	— Programme Officer, UNICEF, RDEV, New Delhi
Dr R K Rath	— Programme Officer, UNICEF, DWCRA, New Delhi
Dr Patowary	— Consultant, UNICEF – New Delhi
Mrs Vishalakshi	— ZOR, SIO, UNICEF, Madras
Mrs Sarala B Rao	— Project Officer, DWCRA, UNICEF, SEIO, Hyderabad
Dr Prof Jacob John	— Programme Director & Professor of Head of Department of Virology & Immunology, Tamil Nadu
Smt B Banerji	— C/o UNICEF, New Delhi

Dr Malathe Yeshwanth	— Prof. Medical College, Bangalore
Dr C S Kamala	— Prof M M C Mysore
Dr M Jayaram	— Prof Paediatric, BLLC, Bangalore
Dr Narsimhamurthy	— Prof M R Medical College, Gulbarga
Dr K G Suresh	— Principal & Prof of Paediatric, M C Bellary
Dr C Shivram	— Prof B M C Bangalore
Dr S G Hiremath	— Asst Prof I N M College, Belgaum
Dr M V Kulkarni	— Prof K M C Hubli
Dr Mallikarjun B	— Prof M R Medical College, Gulbarga
Dr C Nanjappa	— Prof A I S M College, Bellary
Dr M L Siddaraju	— Asst Prof. K M C, Hubli
Dr Y Annegeri	— District Health & FW Officer, Dharwar
Dr S B Kalsur	— District Health & FW Officer, Karwar
Dr B G Hoilgol	— District Health & FW Officer, Belgaum
Dr S M S Pani	— I/c District Health & FW Officer, Gulbarga

Dr T R Gopalkrishna	— District Health & FW Officer, Bijapur
Dr S V Anvekar	— Paediatric, District Hospital Karwar
Dr G A Manjunath	— Paediatric, District Hospital, Raichur
Dr Mugali S C	— Paediatric, District Hospital, Dharwar
Dr P Vijaykumar	— Paediatric, District Hospital, Bellary
Dr Pavle Suriyakanth	— Paediatric, District Hospital, Bellary
Dr V G Kanbur	— Asst District Health & FW Officer, Bidar
Dr S L Mukashi	— Asst District Health & FW Officer, Raichur
Dr K B Premanand	— Asst District Health & FW Officer, Hospet
Dr M K Naik	— Asst District Health & FW Officer, Kumtha
Dr G N Pujar	— Asst District Health & FW Officer, Belgaum

Dr S S Patel	— Asst District Health & FW Officer, Bailhongal
Dr C Devendra	— Asst District Health & FW Officer, Gulbarga
Dr S B Narayan Devgeri	— Asst District Health & FW Officer, Koppal
Dr Chandrasekhar Patil	— Asst District Health & FW Officer, Sedam
Dr V H Kalkeri	— Asst District Health & FW Officer, Lingsur
Dr M Bilekudri	— District Surgeon, Dist Hospital, Bijapur
Dr S R Kallur	— Asst Surgeon, Bijapur
Dr M K Mule	— MOH, NLCC, Bidar
Dr Sadananda	— Dist Lep. Officer, Bidar
Dr Gutti Vaijnath	— Dist Malaria Officer, Bidar
Dr S R Puranik	— M O, D T C, Bidar
Dr J N Asture	— M O, N L C U, Humnabad
Dr (Mrs) Vasantha Theodore	— M O, Dist Lab Bidar
Dr V G Patil	— M O, PHC, Ghatboral
Dr K Mohan	— MOH, PHC, Chillargi
Dr Vijayashri Bharshetty	— MOH, PHC, Janwada
Dr P R Patil	— MOH, PHC, Santhpur

Dr S R Konded	— MOH, PHC, Nittur
Dr S V Desai	— MOH, PHC, Hallikhed (B)
Dr Khode Chandrakanth	— MOH, PHC, Hulsoor
Dr C S Balkal	— MOH, PHC, Matala
Dr M M Baig	— MOH, PHC, Kamalnagar
Dr Chandrasekhar Hiremat	— MOH, PHC, Bhatambra
Dr G U Hatti	— Asst Surgeon Dist Hospital, Bidar
Dr D G Motage	— M O, PHU, Halbarga
Dr V K Khuba	— M O, PHU, Kohinoor
Dr Suresh Masimadu	— M O, PHU, K Chincholi
Dr N F Mishrikoti	— M O, PHU, Kamthana
Dr Subhash Mise	— M O, PHU, Rajeshwar
Dr Nagbhushan Sulgunte	— M O, PHU, Kanji
Dr R T Hegde	— M O, PHU, Lakhangaon
Dr Rajkumar Patil	— M O, PHU, Bellura
Dr Shivnath Pavle	— M O, PHU, T Kushnoor
Dr Shanker Boral	— M O, PHU, Manhalli
Dr B M Patil	— M O, PHU, Dubalgundi
Dr Mallikarjun Shetkar	— M O, PHU, K Ranjol

APPENDIX-II

MEASLES IMMUNIZATION WORKSHOP AT BIDAR KARNATAKA AGENDA

14-12-1983

10.00 to 12.00 Review parade of beneficiaries (Mothers and Children) of EPI Programme at Nehru Stadium, Bidar.

- | | |
|---|--|
| 1. Welcome address | Sri K. L. Negi,
Deputy Commissioner |
| 2. Award of certificates to Medical Officers who are trained in EPI logistics Workshop. | Sri P. G. R. Sindhia
Hon'ble Minister of State for Health and Family Welfare, Government of Karnataka |
| 3. Award of Mementos to the best EPI Team. | |
| 4. Distribution of subsidy/loan to women for income generating activities: | Smt. Chandrabhabha Urs
Hon'ble Minister for Social Welfare and Sericulture, Government of Karnataka |
| 5. Handing over UNICEF inputs for BIRD project: | By UNICEF representative to BIRD's Authorities |
| 6. Presidential Speech | Sri Abdul Nazeer Sab
Hon'ble Minister for Rural Development and Panchayat Raj, Government of Karnataka |
| 7. Vote of thanks | Sri. N. R. Vaidyanathan
Project Officer, BIRD |
| 12.30 to 13.00 Inauguration of Exhibition | Smt. Lalitha Rao,
Hon'ble Minister for Health and Family Welfare, Government of Maharashtra |
| 13.00 to 14.00 Lunch Break | |
| 14.00 to 14.30 Registration | |

INAUGURAL FUNCTION

14-12-1983

- 14.30 to 16.30 Welcome : **Dr. V. Narayanaswamy**
Director of Health and Family
Welfare Services,
Government of Karnataka
- Inaugural Address : **Sri P. G. R. Sindhia**
Hon'ble Minister for Health
and Family Welfare,
Government of Karnataka
- Introductory note : **Dr. Indra Bhargava**
Deputy Commissioner (MCH)
Ministry of Health and Family
Welfare, Government of India
- Briefing UNICEF Policy: **Mr. A. C. Tosh**
Principal Officer, UNICEF
- Address by Chief Guest: **Smt. Chandraprabha Urs**
Hon'ble Minister for Social
Welfare and Sericulture,
Government of Karnataka
- 16.30 to 17.00 Coffee Break
- 17.00 to 17.30 Maharashtra's **Smt. Lalitha Rao**
Experience Hon'ble Minister for Health
and Family Welfare,
Government of Maharashtra.
- President's Remarks : **Sri. Abdul Nazeer Sab**
Hon'ble Minister for Rural
Development and Panchayat
Raj, Government of
Karnataka
- Vote of Thanks : **Dr. A. Narayana Rao**
Additional Director (FW &
MCH) State Family Welfare
Bureau, Directorate of Health
and Family Welfare Services,
Government of Karnataka

15-12-1983
10.00 to 13.00

Plenary Session I
Nomination-Chairman and
Rapporteur Introduction of
objectives and scope Experience
on Measles Immunization

1. **Prof. Jacob John**

C.M.C. Hospital, Vellore

2. **Prof. A. B. Desai**

B. J. Medical College, Ahmedabad

(Coffee Break)

3. **Dr. Alladi Venkatesh**

Professor of Paediatrics

Kasturba Medical College, Manipal.

4. **Dr. V. P. Kimati**

Regional Programme Officer,

Primary Health Care, UNICEF

Discussions

Summing Up

13.00 to 14.00 Lunch Break

Plenary Session II

14.00 to 17.30 Formation of groups and topics

1. Cold Chain

2. Man Power Management.

3. Health Education-Creating
awareness and demand for Measles
Immunization.

4. Experience in Measles Immunization
in India and possible constraints
and how to overcome them.

Group Discussions

(Coffee)

16-12-1983

10.00 to 11.30	Group Discussions.
11.30 to 12.00	Coffee Break
12.00 to 13.00	Group Discussions.
13.00 to 14.00	Lunch Break

14.00 to 17.30 *Plenary Session III*

Chairman Nomination
Recommendation of the Groups
Summing up by Chairman

Vote of Thanks – Dr. Gundappa
Convenor & Distt. Health & Family
Welfare Officer, Bidar

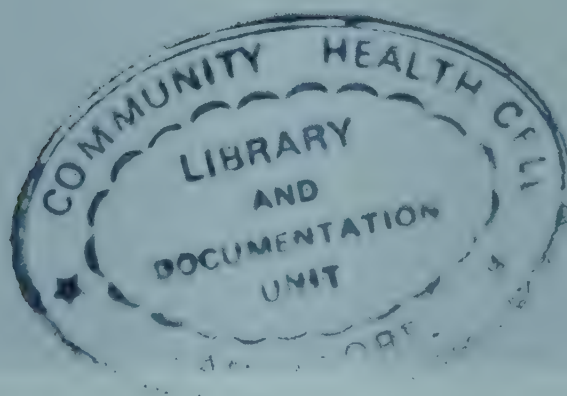
APPENDIX-III

Workshop on Measles Immunization Sponsored by
UNICEF at DCC Bank, Bidar

GROUP – I

COLD CHAIN SYSTEM

- | | | |
|------|----------------------------|------------|
| I. | 1. Dr Suresh | Chairman |
| | 2. Dr Shivram | Rapporteur |
| | 3. Dr Prassannkumar | |
| | 4. Dr Ranganatha Char | |
| | 5. Dr (Mrs) A B Desai | |
| II. | 6. Dr Y Annigeri | DH & FWO |
| III. | 7. Dr V G Kanabur | ADHO |
| | 8. Dr G N Pujar | ADHO |
| | 9. Dr C S Patil | ADHO |
| IV | 10. Dr M L Kawalkhedker | MOH. PHC |
| | 11. Dr S V Desai | MOH. PHC |
| | 12. Dr C V Hiremath | MOH. PHC |
| | 13. Dr Puranik | MO DTC |
| | 14. Dr Shanker Boral | MO PHU |
| | 15. Dr Sitaram Shastry | MO PHU |
| | 16. Dr Nagbhushan Sulgunte | MO PHU |
| | 17. Dr Rajkumar Patil | MO PHU |



GROUP - II

MANPOWER MANAGEMENT

- | | | |
|------|----------------------------|------------|
| I. | 1. Dr Jairam | Chairman |
| | 2. Dr Kulkarni | Rapporteur |
| | 3. Dr Jalaja Sundram | |
| | 4. Dr B S Deshpande | |
| | 5. Dr Hiremath | |
| II. | 6. Dr S B Kalsoor | DH & FWO |
| III. | 7. Dr S L Mokashi | ADHO |
| | 8. Dr S S Patil | ADHO |
| | 9. Dr V H Kalasker | ADHO |
| IV. | 10. Dr Vijayshree Bashetty | MOH. PHC |
| | 11. Dr Khode Chanderkanth | MOH. PHC |
| | 12. Dr M M Baig | MOH. PHC |
| | 13. Dr V V Gutti | DMO |
| V. | 14. Dr D G Metge | MO. PHU |
| | 15. Dr T K Khuba | MO. PHU |
| | 16. Dr M S Honnaddi | MO. PHU |
| | 17. Dr Shivnath Pavle | MO. PHU |

GROUP – III

HEALTH EDUCATION – CREATING AWARENESS AND DEMAND FOR MEASLES IMMUNIZATION

- | | | |
|------|----------------------------|------------|
| I. | 1. Dr Malathi Yeshwanth | Chairman |
| | 2. Dr V L Narsimhan | Rapporteur |
| | 3. Dr K B Makapur | |
| | 4. Dr D P Narsimha Murthy | |
| II. | 5. Dr B G Huilgool | DH & FWO |
| III. | 6. Dr K B Paramnand | ADHO |
| | 7. Dr G Devender | ADHO |
| | 8. Dr A M Bilekudre | ADHO |
| IV. | 9. Dr P R Patil | MOH. PHC |
| | 10. Dr V G Patil | MOH. PHC |
| | 11. Dr Vasantha Theoder | Dist Lab |
| | 12. Mr M K Mule | NLCC Bidar |
| V. | 13. Dr Prabhushetty Chidri | MO PHU |
| | 14. Dr Suresh Masimada | MO PHU |
| | 15. Dr Subhash Mise | MO PHU |
| | 16. Dr M B Patil | MO PHU |
| | 17. Dr Auradker | |

GROUP – IV

MANAGEMENT OF INFORMATION AND EVALUATION SYSTEM & MONITORING

I.	1. Dr A Venketesh	Chairman
	2. Dr C Nanjappa	Rapporteur
	3. Dr T M Ramesh	
	4. Dr C S Kamala	
	5. Dr Mallikarjun	
	6. Dr A C Patowary	UNICEF Consultant
II.	7. Dr Gopal Krishan	DH & FWO
III.	8. Dr M K Naik	ADHO
	9. Dr S B Narayan Divaker	ADHO
IV.	10. Dr S R Konded	MOH. PHC
	11. Dr C S Balkal	MOH. PHC
	12. Dr V Vasanthkumar	MO. PHU
	13. Dr J N Ashtooore	MO. NLCC Humnabad
V.	14. Dr B R Narsimha Murthy	MO. PHU
	15. Dr N F Mishrikoti	MO. PHU
	16. Dr R T Hegde	MO. PHU
	17. Dr G S Bhurle	MO. PHU

APPENDIX-IV

THE PRICE PER DOSE OF MEASLES VACCINE IN INDIA

1. Haffkine Institute in Bombay (a Government of Maharashtra undertaking) import measles vaccine into India. This Institute put up a stall at the Bidar Measles Workshop displaying literature and biological products that it sells. The institute imports measles vaccine into India for sale to the private medical sectors mainly.

In 1983 for example, the Institute imported 50,000 doses of measles. One dose vial costs Rs. 7.40 plus taxes (if UNICEF purchases the vaccine, it will not pay the taxes). At present, the private practitioners and the Indian Army have been the major buyers of measles vaccine. This Institute has been also the sole importer and supplier of polio vaccine to the Government of India and private sectors.

2. UNICEF has imported 1,00,000 doses of measles vaccine from UNIPAC (UNICEF storage/packing selling unit) in Denmark into India for Government of India—for use in the measles immunization feasibility study. The cost to UNICEF was about Rs. 2/- per dose, freight cost to India inclusive.

Breast milk is the most priceless gift for your baby.

For complete nourishment, your baby needs nothing more than breast milk for the first 4 to 6 months. Nature has given every mother the capacity to breastfeed her baby. Mother's milk has important benefits:

- Colostrum or the first milk is the perfect nourishment for the newborn, full of antibodies which give life-long protection against some infections and allergies.
- Every mother has more than enough milk for her baby's growing needs. Frequent feeding will ensure a regular flow of milk.
- Breast milk is safe and hygienic. Even during an illness, a mother can continue to breastfeed her baby.
- Breastfeeding helps the mother regain her normal figure the natural way and can help delay the next pregnancy.
- Breastfeeding brings mother and child closer to each other.



DIARRHOEA

It can be dangerous
— don't take it lightly.



Babies and young children, especially between six months and two years, are susceptible to diarrhoea. Dirty surroundings, poor personal hygiene and lack of safe drinking water are largely to blame.

Diarrhoea is not a single disease. It is a symptom that accompanies intestinal disorders. Diarrhoea causes loss of vital body fluids and salts. The baby passes frequent watery stools which may be foul smelling. The baby may also vomit. The first response to diarrhoea should be immediate replacement of body fluids. This can be done simply and inexpensively, at home. In a glassful of boiled and cooled water, add a pinch of salt. Make sure this mixture is

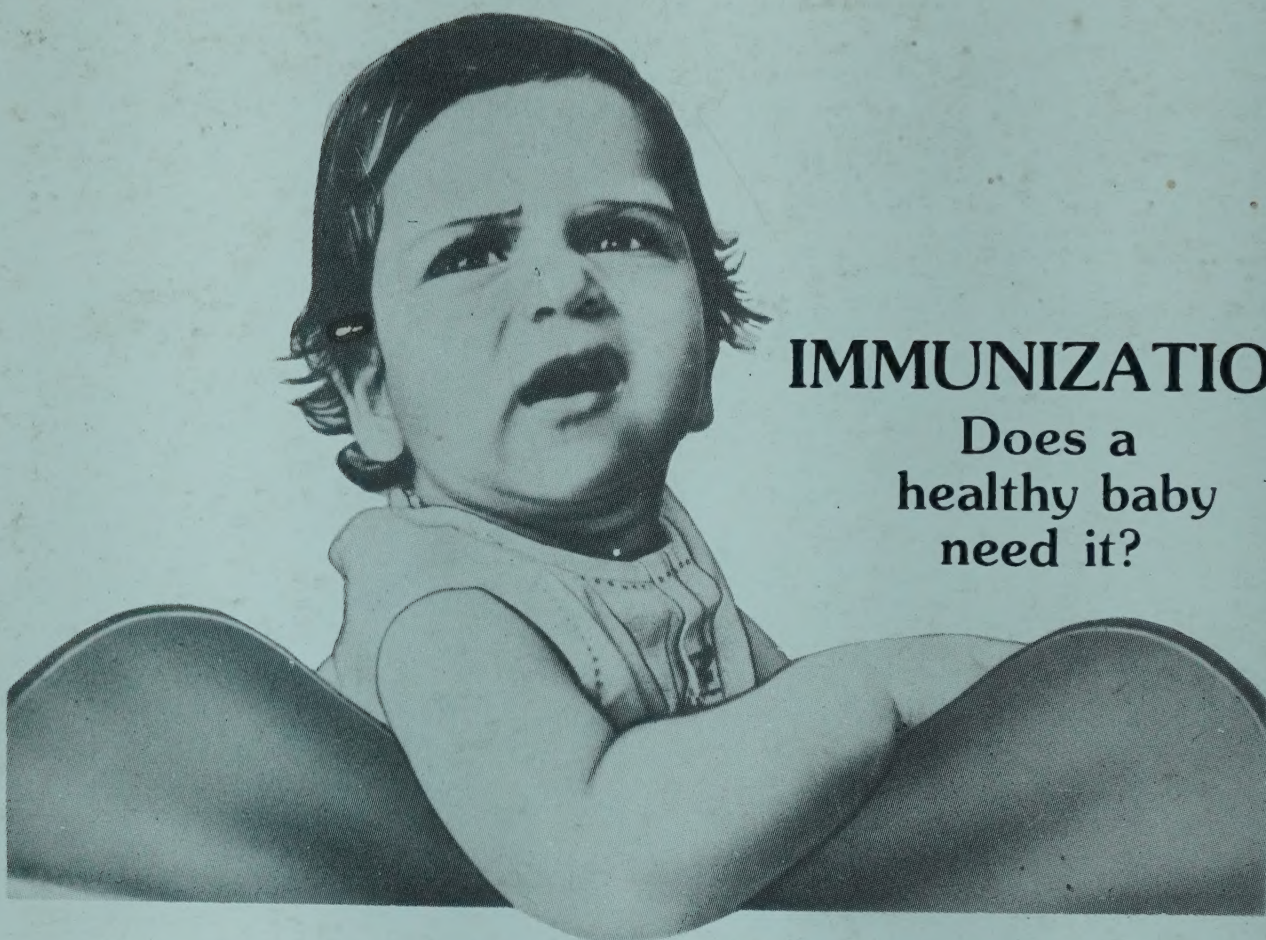
not saltier than your tears. Then add 2 teaspoons of sugar. The baby may refuse to drink this, but insist on giving this mixture frequently in small quantities. Rice kanji or coconut water can also be given. If you fail to replace the fluids lost in the baby, it can lead to a dangerous situation called 'dehydration'.

Bottle-fed babies have diarrhoea six times more often than breastfed babies. Breastfeed your baby as long as you can — even when the baby has diarrhoea.

Here are some facts that parents must remember :

- Immediately give plenty of liquids to a child with diarrhoea to avoid dehydration.
- Do not stop breastfeeding under any circumstances.
- Continue normal feeding.
- Contact your doctor immediately, if the child's condition does not improve within two days.
- Prolonged diarrhoea can cause death.





IMMUNIZATION

Does a
healthy baby
need it?

Yes, definitely. Unlike adults, babies have not built up their own natural immunities to illnesses. Common childhood diseases can lead to life-long disabilities, and in some cases, even death. Immunization will protect your child from these dangers.

Immunization Schedule

When	What	Why
3-9 months	BCG vaccine	Protects against tuberculosis
3-9 months	3 doses of DPT and Polio vaccines at intervals of 4-6 weeks each	Protects against diphtheria, whooping cough, tetanus & poliomyelitis
9-12 months	Measles vaccine	Protects against measles
1½-2 years	1st booster for DPT and Polio	
5-6 years	DT booster	Protects against diphtheria & tetanus

Remember that immunization is effective only when a regular and complete dose is given. The baby should not be ill at the time of immunization.

Breastmilk contains mother's natural immunities to protect the baby against illnesses. Breastfeed your baby as long as you can.

